

Exhibit E: Reports

1. General

Contractor will deliver the following reports within 30 days of the end of the reporting period unless otherwise agreed. These reports will be provided for UMP enrollees as a whole, but will be available by request for each of the risk groups. These reports will be provided electronically at the request of UMP. These reports will be in a format prescribed by UMP by Work Order.

REPORT	FREQUENCY
UMP Defined Management Report Set: by Risk Group	As Requested
Complaints & Appeals Tracking Reports	Qrtly
Case Management Reports	Monthly
Check Register (Electronic Report)	Monthly
Claims Lag Report (24 month)	Monthly
Correspondence Report	Quarterly
DRG Analysis	Monthly
Executive Summary	Monthly
Everett Clinic Electronic Draft Report	Weekly
Pend Inventory/ Claims Count Summary	Monthly
Performance Statistics and Charts	Monthly
Pre-Auth. Compliance Report	Monthly
Risk Adjustment Report	Annual
Subrogation Report	Monthly
Turnaround	Monthly

REPORT	FREQUENCY
Work Orders Reports	Monthly
Cost Analysis Reports (Includes): <ul style="list-style-type: none"> ▪ Benefit Exceptions ▪ Drugs and Biologicals ▪ Global Non-Surgical Days ▪ Medicare Non-Covered Services ▪ Hospital Outlier ▪ Outpatient Hospital Fee Schedule Savings ▪ Physician Assistants Payment Differential ▪ Site of Service 	Quarterly
Provider Complaints and Reconsiderations	Monthly
Claims data extract log	Quarterly
Fraud and abuse findings and actions	Quarterly

2. ***Related Reports***

Timely and accurate data transfer for the following areas:

- Pharmacy Benefit Manager member enrollment.
- Pharmacy Benefit Manager paid claim data (reconciliation file—for a period to be determined as necessary to process calendar year 2000 pharmacy claims runout).
- ViPS paid claim data, provider records, and enrollment files.
- Information on complaints, appeals, and claim denials in the format prescribed by the HCA, twice annually or as required by HCA.
- Risk adjustment data (annually).

- Utilization Data Reports: Contractor will provide quarterly reports tracking units of service as defined by the UMP for reimbursement purposes, and displaying summary level totals for enrollment, provider, and type of medical service.

3. *Deficiencies in special reports*

Any deficiencies from mutually agreed ad hoc report definitions are curable in 10 calendar days.

4. *Changes*

UMP may revise the reporting schedule or type of reports at any time during the contract by notifying Contractor of the change at least thirty days in advance. Revisions will be made by Work Order.